

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	PYRAZOLE DERIVATIVES
Attorney Docket Number::	245437US0

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Fumiyuki
Family Name::	SHIRAI
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,
City of Mailing Address::	Osaka-shi
State or Province of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Hidenori
Family Name::	AZAMI
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,
City of Mailing Address::	Osaka-shi
State or Province of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Natsuko
Family Name:: KAYAKIRI
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,
City of Mailing Address:: Osaka-shi
State or Province of Mailing Address:: Osaka
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 541-8514

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Kazuo
Family Name:: OKUMURA
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,
City of Mailing Address:: Osaka-shi
State or Province of Mailing Address:: Osaka
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 541-8514

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Katsuya
Family Name:: NAKAMURA
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,
City of Mailing Address:: Osaka-shi
State or Province of Mailing Address:: Osaka
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 541-8514

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
2002953019	Australia	12/02/02	YES
2002-953602	Australia	12/30/02	YES
2003902015	Australia	04/29/03	YES

ASSIGNMENT INFORMATION

Assignee Name:: FUJISAWA PHARMACEUTICAL CO., LTD.
Street of Mailing Address:: 4-7, Doshomachi 3-chome, Chuo-ku,
City of Mailing Address:: Osaka-shi
State or Province of Mailing Address:: Osaka
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 541-8514